

U.S. Department of Labor Office of Labor-Management Standards Washington DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P L 86 257 as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

E & STATE				
1 File Number U - 1893	2 Fiscal Year Covered From			
	1 / 1 / 2cc4 Through [A / 3] / 2004			
3 Name and address of person filing	4 Name, file number, and address of labor organization			
Name Charles La França	Name TEAMSTERS LOCAL 445			
	Labor Organization File Number 027-514			
PO Box Bldg Room No, If any P.O. 130x 2097	PO Box, Building and Room Number, if any P.O. Box 2097			
Street	Street			
City NEWBURGH	City NEWBURGH			
State ZIP Code + 4 1 2 5 5 0	State N.Y. ZIP Code + 4 [12550]			
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)				
A Held an interest in engaged in transactions (including loans) with, o monetary value from an employer whose employees your organization.	r derived income or other economic benefit of ition represents or is actively seeking to represent			
6 Name and address of Employer (including trade name it any)	7 a Nature of Interest, Transaction, or Income			
Name				
Trade Name If any				
PO Box Bldg , Room No , if any	7 b Amount			
Street !				
City [				
State ZIP Code + 4				
Signature				
	of Perjury and other applicable penalties of the law, that all of the information anying documents), has been examined by the signatory and is, to the best of the section on penalties in the instructions.)			
Signed Charles La França	On			

Name of Person Filling Charles La FRANCA	<u> </u>	File Number U-		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name, if any)  Name  Trade Name, if any  TEAMSTERS LOCAL H45  PO Box Bidg, Room No, if any  P.O. ISOX 2097  Street  City NEWBURGH  State NEW JORK ZIP Code + 4 / 2550	9 Business deals with  a Labor Organiza  b Trust  c Employer	nton		
Name LOCAL 1445 WEIFAILE FUND  Trade Name, if any  PO Box, Bldg, Room No, if any  Street  City NEWBURGH  State NEW YORK ZIPCode + 4 /2550	INTERNATION EMPLONEE  11 b Approximate dollar value 12 a Nature of interest hele EDUCATION	N-TRUSTEE  NAL FOUNDATION OF  BENEFIT' DLANS  Le of such dealing  d or income received		
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)  Name  Trade Name, if any  P O Box, Bidg, Room No, if any  Street  City  State  ZIP Code + 4	14 a Nature of payment			
13 b Is the Business an Employer or Consultant 2	14 b Amount of payment			

Name of Person Filing Charles La FRANCA	File Number U-		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name, if any)  Name  Trade Name, if any TEAMSTERS LOCAL 445  PO Box, Bldg, Room No, if any P.O. BOX 2097  Street  City NEWBURGH  State N.Y. ZIP Code + 4 [2550]	9 Business deals with  a Labor Organization  b Trust  c Employer		
10 if 9 b or 9 c is checked give trust or employer's name  Name LOCAL HU5-WELFARE FUND  Trade Name, if any  PO Box, Bldg, Room No, if any Pro 130x 2572  Street	11 a Nature of such dealing  EDUCATION - TRUSTER  SEGAL ADVISORS  4-24-04 - 4-30-04		
City NEW BURGH  State NEW YORK ZIP Code + 4 [2550]	11 b Approximate dollar value of such dealing  12 a Nature of interest held or income received  EDUCATION - PUERTO RICC  4-24-04 - 4-30-04  2,100.00		
C Received from any employer (other than an employer covered unde			
or from any labor relations consultant to an employer any payment of money  13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)  Name  Trade Name, if any  P O Box, Bldg , Room No , if any  Street  City  ZIP Code + 4			
13 b Is the Business an Employer or Consultant 2	14 b Amount of payment		
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Name of Person Filing Chafles La FRAN	JCA	File Number U-			
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8 Name and address of Business (including trade name, if any)  Name  Trade Name, if any TEAMSTERS LOCAL 445  PO Box Bidg, Room No, if any P.O., BOX 2097  Street  City NEWBURGH  State NEW YOLK ZIP Code + 4 72550	9 Business deals with  a Labor Organizat  b Trust  c Employer	bon			
Name LOCAL 445 WELFARE FUND  Trade Name, if any  P O Box, Bldg, Room No, if any  P O Box Bldg, Room No, if any	INTERNATION	N-TRUSTEE UAL FOUNDATION OF BENEFIT PLANS			
Street  City NEWBURGH  State NEW YORK ZIP Code + 4 12550	11 b Approximate dollar value  12 a Nature of interest held  EUUCATION  11-30-04	or income received  N - NEW ORLEANS			
	12 b Amount	2,469.40			
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money  13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)  Name  Trade Name, if any  P O Box, Bidg Room No , if any  Street  City  State  ZIP Code + 4	or other thing of value 14 a Nature of payment				
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment				